



WYOMING MENTAL HEALTH DIVISION

Children's Mental Health Waiver Freedom of Choice Statement

Services Available	
■ Children's Mental Health Waiver	■ Hospital
<p>I understand that my child is eligible for Children's Mental Health Waiver services as an alternative to inpatient hospitalization.</p> <p>Services offered through the Children's Mental Health Waiver have been explained to me.</p> <p>I understand the alternatives available and have been given the opportunity to choose between waiver services in home and community-based settings or acute hospital care.</p> <p>I understand that the cost of home and community-based waiver services must comply with waiver cost-effectiveness requirements.</p>	
Choice of Provider and Service	
<p>Applicant Name: _____</p> <p><input type="checkbox"/> I have chosen to receive Children's Mental Health Waiver services rather than services in a hospital setting and have been informed of my right to choose any certified waiver provider for waiver services.</p> <p><input type="checkbox"/> I have chosen to receive services in an inpatient hospital setting.</p>	
Signatures	
Signature of applicant/parent/guardian/legally authorized representative	Date (mo/day/yr)
If signature of responsible person, what is the relationship to the applicant? <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Family member <input type="checkbox"/> Other	
Signature of witness <i>(required if the signature is an "X")</i>	Date (mo/day/yr)
Signature of Mental Health and Substance Abuse Services Division staff	Date (mo/day/yr)